

Bone in which the animal matter has been destroyed by heat answers the same purpose. The beneficial influence seems to depend upon the presence of the calcium salts.

The author states that calcined bone placed in the soft parts, or even in the abdominal cavity, is followed by bone-formation.

THE RADICAL TREATMENT OF INGUINAL HERNIA IN CHILDHOOD.

BITTNER (*Archiv für klin. Chir.*, 1895, Band xlix. Heft 4) believes that there are many cases of hernia which are not curable by the application of a truss, and that the cure in many cases may have been brought about by preventing the further distention of the sac and its growth with the development of the individual. He believes operation preferable since (1) there are those which require the constant wearing of a truss; (2) there are herniæ which cannot be held up by a truss on account of the size of the external ring; (3) there are occasionally severe complications following the use of a truss in these cases; (4) trusses are to be avoided if possible, since their effect on the social and mental condition of the patient is frequently great; (5) in all cases of operation for strangulated hernia the radical operation should be done. The operation is very well borne by children, recovery taking place on the average in ten days. The author reports 34 cases with 38 herniæ, with one relapse and one death in a child that was found to be markedly tubercular. The operation was simple suture of the canal.

THE TREATMENT OF TUBERCULOSIS OF THE JOINTS.

RYDYGIER in a monograph (Wien, 1895) of sixty-four pages on this subject discusses the various methods employed in treating tuberculosis of the articulations, especially as seen in the six larger joints. The author holds a conservative position in regard to joint-tuberculosis. He draws the following conclusions as a result of his study:

1. Conservative orthopedic treatment is not to be considered as in competition with operative measures, but one supplements the other.
2. The particular method to be employed in a given case depends upon different circumstances: the means of the patient, the age and general condition, the local findings, and the joint affected.
3. The better the conservative orthopedic measures employed, the fewer will be the operations required.
4. If the joint contains pus in spite of conservative treatment, and if there is a tendency to further destruction of the joint, operation is needed.
5. The best method of conservative treatment is that which allows the patient to exercise in the fresh air, without irritating the joint.
6. The best operative procedure is that which permits a free and complete entrance into the joint, so as to be able to remove accurately all diseased tissue without undue regard for the future function of the joint. In some cases it is desirable to excise completely to secure ankylosis.
7. In the after-treatment of resected joints the patient should be got about as soon as possible.
8. Operation too long postponed is not to the advantage of the patient,

but if done too early may make the patient a cripple. The proper selection of cases should be made on an anatomico-pathological basis.

9. The general treatment should not be neglected, especially sea and other corresponding baths.

In treating tuberculosis of the hip-joint the author advises very prolonged orthopedic treatment and iodoform locally. It is desirable for the patient to walk about with an apparatus as soon as possible. The presence of pus and progressive destruction of the joint require operative interference. This may occur, the author says, in the most carefully treated cases.

In the case of dry caries of the shoulder, Rydygier advises early resection, as it shortens the course of the treatment and gives a better functional result. He is also inclined to early excision with removal of the carpus when the disease attacks the wrist-joint.

Regarding incisions, the author prefers the transverse incision for the ankle-joint with suture of the tendons, and the bayonet-incision of Ollier for the elbow.

THE MORTALITY OF 2658 CASES OF DIPHTHERIA.

In studying the cases treated during the past ten years in the surgical clinic of Berlin University, HIRSCH (*Archiv für klin. Chir.*, 1895, Band xlix. Heft 4) found that there was a mortality of 1396 cases, or 52.5 per cent., in 2658 cases. He found also that the greater frequency was in the months of October, while the least was in June, and in general the winter months were the most fatal. The mortality is greater the younger the patient, so that the younger the patient the worse is the prognosis. The mortality in cases in which tracheotomy was deemed necessary—*i. e.*, where asphyxia was threatened by laryngeal stenosis—was 68.7 per cent.; in cases not operated upon, 26 per cent. The statistics show that of 407 cases in children under two years, in whom operation was necessary, twenty-five recovered—that is, twenty-five patients were saved by tracheotomy from an otherwise certain death. The prognosis is bad in cases complicated by nephritis, and only slightly better in those complicated by scarlet fever. The statistics also show that the earlier the child was seen the better was the prognosis.

TRACHEOTOMY IN DEUX TEMPS IN A CASE OF DIFFICULT DÉCANULEMENT.

LEHAMANN (*Archiv für klin. Chir.*, 1895, Band xlix. Heft 4) details a difficult and interesting case of diphtheria in which décanulement was very difficult. The second tracheotomy was done in two stages; that is, the skin and soft parts were divided down to the trachea, the bleeding stopped, and the wound allowed to granulate before the trachea was opened and the tube inserted; infection of the wound was prevented by this means and healthy granulation surfaces secured that united more rapidly after the tracheal tube was removed. O'Dwyer's tubes were inserted under chloroform in the stenosed larynx, while a tracheal tube, which was cut so that it extended just through the wound, was allowed to remain in until the O'Dwyer tube was retained easily, and assisted greatly in producing the accommodation of the tube in the larynx.